

WEST VIRGINIA INSURANCE COMMISSIONER
EMERGENCY ADJUSTER APPLICATION

Company Name & Address

Attn: _____

Fax #: () _____

EMERGENCY ADJUSTER: Individual authorized by the commissioner to act as an insurance adjuster in the circumstances of an insurance emergency.

INSURANCE EMERGENCY: A temporary situation as declared by the insurance commissioner when the number of licensed adjusters in the state of West Virginia is inadequate to meet the demands of the public.

EMERGENCY SITUATIONS: Claims arising out of a catastrophe or emergency which arises out of a disaster, act of God, riot, civil commotion, conflagration or other similar occurrence may be adjusted by a non-licensed adjuster upon registration with the commissioner, provided that the work of non-licensed persons working under a catastrophe or emergency situation are supervised by an adjuster licensed in this state or by an insurance company authorized to do business in this state.

Pursuant to West Virginia Code 33-12B-11a(c), only insurance companies licensed to do business in West Virginia may submit applications for emergency adjusters.

Request is made for the following individual(s) to be authorized and appointed for the above referenced insurance company as emergency adjusters:

TYPE or PRINT LEGIBLY:

Last Name

First Name

Last Name	First Name

Type of Emergency Situation (i.e. flood, wind/snow storm, etc.): _____

Date Emergency Occurred: _____

Location of Emergency (Cities or Counties): _____

I understand that any emergency license is valid for a period of 90 days from date of approval. I will ensure that any licensed emergency adjuster under my authority will perform his or her duties pursuant to Chapter 33, Article 12B of the West Virginia Code and section 3.3, Series 25, Title 114 of the West Virginia Code State Rules.

Signature of Supervising Adjuster () _____
Phone # License #

Print Name Date

1. FAX completed application to (304) 558-4966. Approval will be FAXed back to you.
2. No fee is required.
3. Approved copy of form will serve as temporary license for all listed individuals. You are responsible for providing a copy of the approved form to EACH individual within 24-hours of receipt of same from the Insurance Commissioner's Office.